

AD _____

Award Number: DAMD17-01-1-0708

TITLE: Therapeutic Effect of Targeted Hyaluronan Binding Peptide
on Neurofibromatosis

PRINCIPAL INVESTIGATOR: Lurong Zhang, M.D., Ph.D.

CONTRACTING ORGANIZATION: Georgetown University
Washington, D.C. 20007

REPORT DATE: September 2003

TYPE OF REPORT: Annual

PREPARED FOR: U.S. Army Medical Research and Materiel Command
Fort Detrick, Maryland 21702-5012

DISTRIBUTION STATEMENT: Approved for Public Release;
Distribution Unlimited

The views, opinions and/or findings contained in this report are those of the author(s) and should not be construed as an official Department of the Army position, policy or decision unless so designated by other documentation.

20040311 105

REPORT DOCUMENTATION PAGE

Form Approved
OMB No. 074-0188

Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing this collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0188), Washington, DC 20503

1. AGENCY USE ONLY (Leave blank)		2. REPORT DATE September 2003	3. REPORT TYPE AND DATES COVERED Annual (1 Sep 2002 - 31 Aug 2003)	
4. TITLE AND SUBTITLE Therapeutic Effect of Targeted Hyaluronan Binding Peptide on Neurofibromatosis			5. FUNDING NUMBERS DAMD17-01-1-0708	
6. AUTHOR(S) Lurong Zhang, M.D., Ph.D.				
7. PERFORMING ORGANIZATION NAME(S) AND ADDRESS(ES) Georgetown University Washington, D.C. 20007 E-Mail: zhangl@georgetown.edu			8. PERFORMING ORGANIZATION REPORT NUMBER	
9. SPONSORING / MONITORING AGENCY NAME(S) AND ADDRESS(ES) U.S. Army Medical Research and Materiel Command Fort Detrick, Maryland 21702-5012			10. SPONSORING / MONITORING AGENCY REPORT NUMBER	
11. SUPPLEMENTARY NOTES				
12a. DISTRIBUTION / AVAILABILITY STATEMENT Approved for Public Release; Distribution Unlimited				12b. DISTRIBUTION CODE
13. ABSTRACT (Maximum 200 Words) To test our hypothesis that that the HA binding peptide may be a new anti-neurofibromatosis agent via inducing apoptosis, we have proposed to focus on three aims: 1) To examine the anti-tumor effect of synthetic HA binding peptide on malignant neurofibromatosis cells; 2) To examine the anti-tumor effect of genetically expressed targeted HA binding peptide; 3) To examine the effect of targeted HA binding peptide on molecules involved in apoptosis. The results of first year study indicated that: 1) large scale synthesized HA binding peptide did possess HA binding activity; 2) synthetic HA binding peptide exerted an anti-tumor effect of on ST88-14 NF1 cells; 3) HA binding peptide could bind to Bcl-2/Bcl-x _L , which may be one of the mechanisms by which HA binding peptide inhibits ST88-14 NF1 cells; and 4) the cells transfected with expression vector carrying cDNA of HABP could express this peptide. The results of this year study demonstrated that: 1) HA binding peptide is capable of reducing the level of phosphorylated ERK1; 2) HABP reduces the level of cell cycle related molecules, such as cyclin B1 and cdc 2; 3) HABP binds to Bcl-2 <i>in vivo</i> and induces apoptosis; and 4) the effort has been made to set up the model system of NF1 tumor exnograph in mice for test the effect of HABP <i>in vivo</i> . In the next year, we will continue to examine the action mechanism of HABP and to test if the <i>in vitro</i> anti-tumor effect of HA binding peptide can be translated <i>in vivo</i> against the cell growth of neurofibromatosis.				
14. SUBJECT TERMS Hyaluronan-Binding Proteins, Apoptosis Experimental Therapy, Neurofibromatosis			15. NUMBER OF PAGES 14	
			16. PRICE CODE	
17. SECURITY CLASSIFICATION OF REPORT Unclassified	18. SECURITY CLASSIFICATION OF THIS PAGE Unclassified	19. SECURITY CLASSIFICATION OF ABSTRACT Unclassified	20. LIMITATION OF ABSTRACT Unlimited	

NSN 7540-01-280-5500

Standard Form 298 (Rev. 2-89)
Prescribed by ANSI Std. Z39-18
298-102

Table of Contents

Cover.....	1
SF 298.....	2
Table of Contents.....	3
Introduction.....	4-5
Body.....	6-10
Key Research Accomplishments.....	11
Conclusions	11
Reportable Outcomes.....	12
References.....	13-14

INTRODUCTION

The loss of NF1 gene is a major genetic characteristic of neurofibromatosis Type 1 (1-3). NF1 gene encodes a large cytoplasmic protein called neurofibromin (1). Similar to p53, neurofibromin is regarded as a tumor suppressor, since it plays a major role in the negative regulation of Ras activity which is crucial in cell survival signal transduction pathway. The loss of neurofibromin leads to the accumulation of hyperactive Ras-GTP due to a reduced conversion of active Ras-GTP to inactive Ras-GDP, which turns on uncontrolled mitogenic signals in the nucleus (2, 4-7). Therefore, NF1 can be regarded as a disease resulting from the disruption of the balance between cell proliferation and apoptosis (8, 9). In other words, NF1 cells gain immortality due to their over-proliferation and defective apoptosis.

Based on the molecular mechanism of NF1, several strategies can be utilized for the control of NF1.

First, it is highly likely that the inhibition of Ras-Raf-ERK/MAPK pathway can significantly reduce the growth of neurofibromatosis (10).

Secondly, the regulation of apoptosis can be used for the control of cell growth and the treatment of neurofibromatosis. For example, the down-regulation of anti-apoptotic molecule, such as bcl2, could reduce the growth of cells (11, 12).

Thirdly, the reduction of key molecules in the cell cycle is expected to suppress the tumor progression (13, 14).

We are interested in exploring the effect of hyaluronan (HA) binding proteins (HABPs) on the induction of apoptosis and the inhibition of the growth of tumor. This was based upon the following facts. **1)** Proteins that can bind to HA such as the soluble forms of CD44 and RHAMM can inhibit tumor growth and/or metastasis (15-17). **2)** Fragments of proteins that contain HA binding domain, such as endostatin (fragment of collagen XVIII), angiostatin (fragment of plasminogen), and hemopexin-like domain of metalloproteinase also possess potent anti-tumor activity (18-21). **3)** For more than a decade, the powder or extracts from shark cartilage have been widely used as alternative medicine by cancer patients in USA, Europe and Asia. In some patients, this substance did exhibit anti-tumor effects. Cartilage contains large amounts of HA binding proteins (HABP). It is possible that the anti-tumor effect of shark cartilage achieved in some patients is due to a small amount of HABP passing through impaired intestinal mucosa of these individuals (22-30). And **4)** several proteins purified from the cartilage, a HA-rich tissue, have been found to have the anti-tumor effect (31-36).

In this study, we propose to test our hypothesis that HA binding peptide may be a new anti-neurofibromatosis agent via inducing apoptosis. For this, we are focusing on three aims: **1):** To examine the anti-tumor effect of synthetic targeted HA binding peptide on malignant neurofibromatosis cells; **2):** To examine the anti-tumor effect of genetically expressed targeted HA binding peptide; and **3):** To examine the effect of targeted HA binding peptide on molecules involved in apoptosis.

In past, we have finished the following tasks: **1)** chemical synthesis HA binding peptide and control peptide in a large scale; **2)** identification of its HA binding activity; **3)** characterization of anti-tumor activity of HA binding peptide; **4)** study of the effect of HA binding peptide on molecules involved in cell programmed death; and **5)** construction of mammalian expression vector for HA binding peptide.

We have demonstrated that: 1) large scale synthesized HA binding peptide did possess HA binding activity; 2) synthetic HA binding peptide exerted an anti-tumor effect of on ST88-14 NF1 cells; 3) HA binding peptide could bind to Bcl-2/Bcl-x_L, the critical anti-apoptosis factors, which may be one of the mechanisms by which HA binding peptide inhibits ST88-14 NF1 cells; 4) the cells transfected with expression vector carrying cDNA of HA binding peptide could express this peptide as evidenced by Western blotting.

In last year, we further determined the effect of HA binding peptide on the molecules related with cell cycle and apoptosis and the possible *in vivo* model for the administration of HA binding peptide. The data are summarized as follows.

BODY

It has been well demonstrated that the molecular basis for neurofibromatosis is the loss or mutation of NF1 gene, which leads to accumulation of hyperactive Ras-GTP, resulting in a constitutive mitogenic signaling of cell growth.

Based on our preliminary data and other published studies, we postulate that the targeted HA binding peptide may be a new anti-neurofibromatosis agent via inducing apoptosis. To test our hypothesis, we have proposed to focus on three aims: **1)** To examine the anti-tumor effect of synthetic targeted HA binding peptide on malignant neurofibromatosis cells; **2)** To examine the anti-tumor effect of genetically expressed targeted HA binding peptide; **3)** To examine the effect of targeted HA binding peptide on molecules involved in apoptosis.

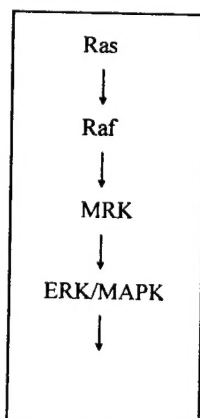
In the past year, we have performed the experiments: **1)** To determine if HA binding peptide (HABP) is able to inhibit the constitutive activation of Ras-Raf-ERK/MAPK pathway; **2)** To determine if HABP can interfere the cell cycle related molecules; **3)** To further study if HABP could induce apoptosis *in vivo* system; and **4)** To set up possible NF1 tumor model in mice.

The results are summarized as following:

1. HA binding peptide reduces the level of phosphorylated ERK1.

Since the loss of neurofibromin leads to the accumulation of hyperactive Ras-GTP due to a reduced conversion of active Ras-GTP to inactive Ras-GDP, the accumulation of hyperactive Ras-GTP results in a constitutive mitogenic signaling of cell growth (2, 4-7).

In the process of transduction the Ras signaling, the following pathway has been well identified:



It is obvious that signal through the RAS- ERK /MAPK pathway, phosphorylated ERK can be used as an indicator of when and where signaling is active.

Base on this fact of molecular error in NF1, we would like to see if the HABP can inhibit the ERK, which is the down-steam kinase responsible for further amplification of the hyperactive Ras-GTP function in NF1. For this, the ST88-14 cells, a typical line of NF1 cells, were plated in 100 mm dishes and treated with 100 µg/ml of control peptide or HABP (synthesized by experts of organic chemistry in Genemed Inc.). The cells were incubated with peptides for 24 hours and the cells were washed and harvested in lysis buffer (10 mM potassium phosphate at pH 7.5, 1 mM EDTA, 5 mM EGTA, 50 mM β-glycerophosphate, 1 mM sodium

vanadate, 0.5% Triton X-100, 0.1% sodium deoxycholate, 1 mM magnesium chloride and 2 mM DTT). The protein concentration was determined with BCA method (PIERCE Inc). Thirty μ g of lysate protein was load in 10% SDS-PAGE for electrophoresis. After transferring to the nitrocellulose membrane and blocking with 3% BSA-PBS, the total ERK protein and phosphorylated ERK (the functional form of ERK) were detected with anti-ERK or anti-phosphorylated ERK, respectively. The result (Fig 1) showed that while the total ERK was not affected by the treatment of ST88-14 cells with HABP, the phosphorylated ERK was reduced.

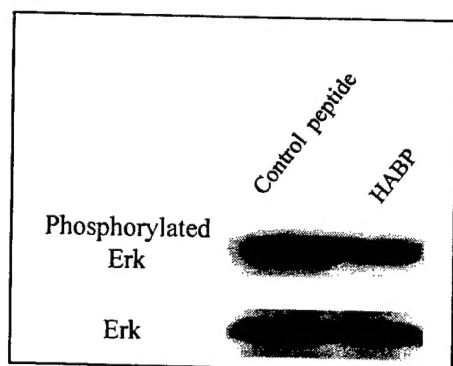


Fig 1. Blocking of phosphorylation of ERK with HABP. The ST88-14 cells were plated in 100 mm dishes and treated with 100 μ g/ml of control peptide or HABP for 24 hours. The cell lysate was subjected to Western blot analysis. The result showed that while the total ERK was not affected by the treatment of ST88-14 cells with HABP, the phosphorylated ERK was reduced.

This data suggests that the HABP is capable of blocking the down-stream signaling of hyperactive Ras-GTP, the molecular error in NF1.

2. HA binding peptide reduces the level of cell cycle related molecules

The uncontrolled growth is one of the characteristics of NF1, which reflects a active process of cell cycle. The cyclins and their kinases (cdc) are the actual molecules that control the cell cycle. To determine the effect of HABP on the cyclins and their cdc, the Western blotting analysis was performed after the cells were exposed to HABP for 24 hours. The results (Fig 2) showed that while cyclin D1 was unchanged, the cyclin B1 and cdc2 were greatly reduced at the protein level.

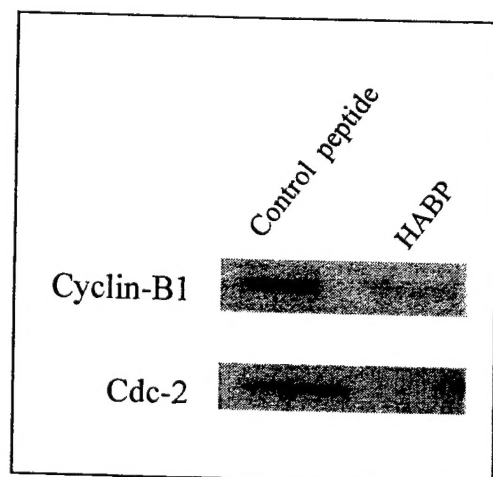


Fig 2. HABP Inhibition of cyclin B1 and cdc2. The tumor cells were treated with 100 μ g/ml of control peptide or HABP for 24 hours. The cell lysate was subjected to Western blot analysis. The result showed that the levels of cyclin B1 and cdc2 were greatly reduced.

The above data indicates that the HABP interacts with functional proteins at both the RAS-ERK /MAPK pathway and the cell cycle related cyclin B1 and cdc2. This multi-levels control is favorable for HABP as a potential anti-NF1 agent.

3. HABP binds to Bcl-2 *in vivo* and induces apoptosis.

It has been proved that Bcl-2/Bcl-x_L, the critical anti-apoptotic molecules, are anchored on membranes and may form a large macromolecular structure or lattice, which stabilizes the membrane of mitochondria and prevents the cells from apoptosis. The functional blockade of Bcl-2 / Bcl-x_L could restore the apoptotic process, and thereby, could inhibit the uncontrolled proliferation of NF1 cells.

In the first year, we were exciting about our findings that: 1) HABP could bind to Bcl-2/Bcl-x_L as assayed with ELISA like system; and 2) HABP could interact with recombinant Bcl-2 *in vitro*.

We then wanted to see if this interaction could occur *in vivo*. To determine this, the tumor cells cultured in 100 mm dishes were first transfected with mammalian expression vector containing cDNA coding for Bcl-2 with GFP tag for 24 hours, and then incubated with biotinylated HABP or biotinylated control peptide for 3 hours and harvested in 1.5 ml of lysis buffer (150 mM NaCl, 1 mM EDTA, 20 mM Tris-HCl pH 8.0, 0.5% Nonidet P-40, 10 µg/ml aprotinin, 10 µg/ml leupeptin, and 1mM PMSF). One ml of cell lysates were mixed with streptavidin-sepharose beads and incubated overnight at 4°C. The beads were washed to get rid of miscellaneous protein, and then eluted with 30 µl of SDS loading buffer and boiling. Ten µl of transfected cell lysate was used as control. The samples were analyzed in Western blotting using anti-Bcl-2 antibody to detect the complex of HABP-Bcl-2-GFP.

The result (Fig 3) showed that the HABP could bind to Bcl-2 *in vivo* system.

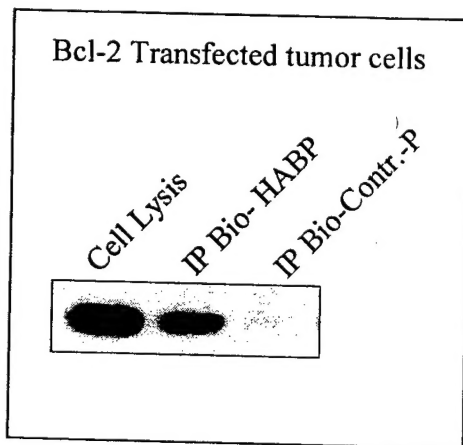


Fig 3. HABP binds to Bcl-2 *in vivo* system. The tumor cells cultured in 100 mm dishes were first transfected with mammalian expression vector containing cDNA coding for Bcl-2 with GFP tag for 24 hours, and then incubated with biotinylated HABP or biotinylated control peptide. The cell lysates were mixed with streptavidin-sepharose beads. The bound HABP-Bcl-2-GFP complex was detected using Western blotting with anti- Bcl-2 antibody.

Then, we wanted to examine if the interaction of HABP with Bcl-2 resulted in an apoptosis, since the critical anti-apoptotic molecule was disrupted. For this, tumor cells were treated with HABP or control peptide at a dose of 100 µg/ml. Twenty-four hours later, the DNA was harvested and subjected to the DNA ladder analysis.

The result (Fig 4) demonstrated that HABP indeed induced the apoptosis as determined by the DNA ladder analysis, a golden standard for the apoptosis.

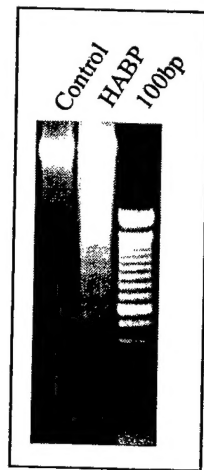


Fig 4. HABP induces apoptosis. The tumor cells were treated with HABP or control peptide at a dose of 100 µg/ml for 24 hour and then the DNA was harvested and subjected to the DNA ladder analysis.

What is the underlying mechanism of this phenomenon? Why the binding of HABP could induce apoptosis. We speculate that HABP acts in a fashion similar to pro-apoptotic molecule in Bcl-2 family, such as Bim, Bid, Bak, Bad, Bax, Bcl-xs, Blk, Bnip3, Bik and Hrk (37-39). To see if this is the case, we searched the existing database for the similarity between the HABP and pro-apoptotic molecules.

The HABP consists of 17 residues of amino acid: **KWCFRVCYRGICYRRCR**, which contains two typical BX₆₋₇B motifs, which is six to seven neutral amino acids flanked by two basic amino acids (R: arginine; K: lysine; H: histine). Interestingly, this BX₆₋₇B motif exists in all the pro-apoptotic Bcl-2 family proteins examined (Table 1). Some of them have more than one BX₆₋₇B motif. Whether this similarity confers the HABP with the ability to bind to Bcl-2 will be further investigated.

Table 1. The similarity of HABP to pro-apoptosis proteins in BCL-2 Family (BX₆₋₇B motif)

HABP:	KWCFRVCYRGICYRRCR		
Bim _L	HPRMVILRLLRYIVRLVWRMH		
Bim _S	RFIFRLVWRRH		
Bid	RSSHRLGR	RTYVRSLAR	KKVASHTPSLLR
Bak	RLAL HVYQH	HHCIARW IAQR	
Bad	KKGLPRPK	RYGRELRR	RQSSSWTR
Bax	KLVLKALCTK	KKLSECLKR	
Bcl-xS	RKGQERFNR	HSSSLDAR	
Blk	KNNMKVAIKTLK	RQLLAPINK	
	RQSLRLVRK	KGAFLSVK	RWFFRSQGRK
Bnip3	KHPKRTATLSMRNTSVMKK		
Bik	KENIMRFWR		
Hrk	HQRTMWRRRARSRR		

The motif or structure similarity of HABP with pro-apoptotic proteins in Bcl-2 may lay down the foundation for HABP being a novel death regulator for NF1.

4) Effort to set up the NF1 tumor model in mice.

To test the anti-tumor activity of HABP *in vivo*, the best model system is to use mouse model. Before we test the effect, we wanted to examine the growth behavior of the untreated NF1 cells in mice.

In vitro, the ST88-14 cells grow faster than other two cell lines (NF90-8 and NF88-3) derived from patients of neurofibromatosis. However, when we subcutaneously injected 2.5×10^6 ST88-14 cells into nude mice, we did not observe the growth of tumor. We speculated that this might due to insufficiency of cells injected. Then, we injected 10^7 ST88-14 cells, but the tumor was not formed.

To increase the possibility of forming tumor exnograph in mouse, we decided to try SCID (severe combined immunodeficient) mice that defect in both T lymphocytes and B lymphocytes. Compared with the nude mice that defect only T lymphocytes, the SCID mice confer a less capability of rejection of the implanted tumor cells. However, to our dismay, the 10^7 ST88-14 cells still could not form tumor in SCID mice.

We then tired to implant the NF1 cells in organs that have a less extent of immune surveillance and more extent of the supply of nutrition, such as liver. Five million of ST88-14 cells were injected into sub-capsule of liver. Still, to our disappointment, the tumor nodule did not form.

Since the growth of NF1 tumor in mice is prerequisite for test the effect of HABP *in vivo*, we are actively seeking for the advice from experts in this field. We are also looking for the new NF1 cell lines that might have better potential to form tumor exnograph in mice.

Once the cell line and the *in vivo* model system are defined, we will use the synthetic HABP and its expression vector that we have been obtained in the past to test the *in vivo* effect of HABP on NF1.

In summary, in the past year, we have demonstrated that: 1) HA binding peptide is capable of reducing the level of phosphorylated ERK1; 2) HABP reduces the level of cell cycle related molecules, such as cyclin B1 and cdc 2; 3) HABP binds to Bcl-2 *in vivo* and induces apoptosis; and 4) the effort has been made to set up the model system of NF1 tumor exnograph in mice for test the effect of HABP *in vivo*.

In the next year, we will continue to examine the action mechanism of HABP and to test if the *in vitro* anti-tumor effect of HA binding peptide can be translated *in vivo* against the cell growth of neurofibromatosis.

Key Research Accomplishments

In past second year, we have demonstrated that: 1) HA binding peptide is capable of reducing the level of phosphorylated ERK1; 2) HABP reduces the level of cell cycle related molecules, such as cyclin B1 and cdc 2; 3) HABP binds to Bcl-2 *in vivo* and induces apoptosis; and 4) the effort has been made to set up the model system of NF1 tumor exnograft in mice for test the effect of HABP *in vivo*.

Conclusions

- HA binding peptide reduce the ERK1 phosphorylation, which is the down-stream key kinase for conducting the function of hyperactive Ras-GTP, due to the loss or mutation of NF1 gene.
- HABP reduces the level of cell cycle related molecules, such as cyclin B1 and cdc 2, which sets up another breaker to stop the over-proliferation of NF1 cells.
- HABP binds to Bcl-2 *in vivo* and induces apoptosis, which may due to its molecular structure similarity to the pro-apoptotic molecule in Bcl-2 family, such as such as Bim, Bid, Bak, Bad, Bax, Bcl-xs, Blk, Bnip3, Bik and Hrk.

Reportable outcomes

(Due to or partially due to this support)

Papers

1. Yang S, Chen J, Guo Z, Xu X, Wang L, Pei X, Yang Y, Underhill CB and Zhang L: Triptolide Inhibits the Growth and Metastasis of Solid Tumors. *Mol Cancer Ther.* 2003; 2(1):65-72.
2. Wang L, Yu J, Ni J, Xu X, Wang J, Ning H, Pei X, Chen J, Yang S, Underhill CB, Liu L, Liekens J, Merregaert J and Zhang L: Extracellular Matrix Protein1 (ECM1) is Over-expressed In Malignant Epithelial Tumors. *Cancer Letter* 2003; Aug
3. Xu X, Chen Y, Gao F, Chen J, Yang S, Underhill CB and Zhang L: A Peptide with Three Hyaluronan Binding Motifs Inhibits Tumor Growth by Inducing Apoptosis. *Cancer Res.* 2003; 63 Sept.15, 16
4. Ninfei Liu, Xue-Ming Xu, Jinguo Chen, Luping Wang, Shanmin Yang, Charles B. Underhill, and Lurong Zhang: A Hyaluronan-Binding Peptide Can Inhibit Tumor Growth by Interacting with Bcl-2. *International J. of Cancer* (Accepted)
5. Jinguo Chen, Lurong Zhang and Sunghee Kim: Quantification and detection of DcR3, a decoy receptor in TNFR family. *J. Immunological Methods*, 2003 (Accepted)
6. Haibin Wang, Yuanli Mao, Liancai Ju, Jing Zhang, Zhiguo Liu, Xianzhi Zhou, Qinghong Li, Yuedong Wang, Sunghee Kim, Lurong Zhang: SARS Coronavirus Enriched in Lymphocytes: an Early Detection and Dynamic observation. Submitted to *Lancet* (2003)

Abstracts

1. Jinguo Chen, Glenn D. Prestwich, Yi Luo, Xueming Xu, Shanmin Yang, Luping Wang, Charles B. Underhill and Lurong Zhang.: Inhibition of tumor growth and metastasis by hyaluronan conjugated Taxol. *Proc. Annu. Meet. Am. Assoc. Cancer Res* 2003; 44:1654
2. Luping Wang, Sunghee Kim, Jinguo Chen, Xue-Ming Xu, Shanmin Yang, Charles B. Underhill, and Lurong Zhang: Decoy TR6 protects tumor cells from apoptosis. *Proc. Annu. Meet. Am. Assoc. Cancer Res* 2003; 44: 149
3. Xue-Ming Xu, Ningfei Liu, Jinguo Chen, Luping Wang, Shanmin Yang, Charles B. Underhill, and Lurong Zhang. A Hyaluronan Binding Peptide Can Trigger Apoptosis by Antagonizing Members of the Bcl-2 Family. *Proc. Annu. Meet. Am. Assoc. Cancer Res* 2003; 44: 5589
4. Shanmin Yang, Jinguo Chen, Xue-Ming Xu, Luping Wang, Charles B. Underhill and Lurong Zhang. Liposomal Triptolide inhibits tumor growth at a low dose. *Proc. Annu. Meet. Am. Assoc. Cancer Res* 2003; 44: 6461

References

1. Sakai A: Characterization of the neurofibromatosis type 1 gene and neurofibromin's role in cells. *Nippon Rinsho* 2000; 58(7): 1426-9
2. Rasmussen SA, Friedman JM: NF1 gene and neurofibromatosis 1. *Am J Epidemiol* 2000;151(1):33-40
3. Shen MH, Harper PS, Upadhyaya M: Molecular genetics of neurofibromatosis type 1 (NF1). *J Med Genet* 1996; 33(1):2-17
4. Park VM, Pivnick EK: Neurofibromatosis type 1 (NF1): a protein truncation assay yielding identification of mutations in 73% of patients. *J Med Genet* 1998; 35(10):813-20
5. Friedman JM: Epidemiology of neurofibromatosis type 1. *Am J Med Genet* 1999; 89(1):1-6
6. Feldkamp MM, Angelov L, Guha A: Neurofibromatosis type 1 peripheral nerve tumors: aberrant activation of the Ras pathway. *Surg Neurol* 1999 Feb;51(2):211-8
7. Basu TN, Gutmann DH, Fletcher JA, Glover TW, Collins FS, Downward J: Aberrant regulation of ras proteins in malignant tumour cells from type 1 neurofibromatosis patients. *Nature* 1992; 356(6371):713-5
8. Gutmann DH, Loehr A, Zhang Y, Kim J, Henkemeyer M, Cashen A: Haploinsufficiency for the neurofibromatosis 1 (NF1) tumor suppressor results in increased astrocyte proliferation. *Oncogene* 1999; 18(31): 4450-9
9. Prayson RA: Bcl-2, bcl-x, and bax expression in dysembryoplastic neuroepithelial tumors. *Clin Neuropathol* 2000; 19(2): 57-62
10. Lynch TM, Gutmann DH.: Neurofibromatosis 1. *Neurol Clin.* 2002 Aug;20(3):841-65.
11. Morris G, DeNardo SJ, DeNardo GL, Leshchinsky T, Wu B, Mack PC, Winthrop MD, Gumerlock PH: Decreased C-MYC and BCL2 expression correlates with methylprednisolone-mediated inhibition of Raji lymphoma growth. *Biochem Mol Med* 199; 60(2):108-15
12. Reed JC: Regulation of apoptosis by bcl-2 family proteins and its role in cancer and chemoresistance. *Curr Opin Oncol* 1995; 7(6):541-6
13. Lasak JM, Welling DB, Akhmanetyeva EM, Salloum M, Chang LS.: Retinoblastoma-cyclin-dependent kinase pathway deregulation in vestibular schwannomas. *Laryngoscope.* 2002 Sep;112(9):1555-61.
14. Moller MB.: Molecular control of the cell cycle in cancer: biological and clinical aspects. *Dan Med Bull.* 2003 May;50(2):118-38
15. Guo YJ, Liu G, Wang X, Jin D, Wu M, Ma J, Sy MS: Potential use of soluble CD44 in serum as indicator of tumor burden and metastasis in patients with gastric or colon cancer. *Cancer Res* 1994;54(2):422-6
16. Sy MS, Guo YJ, Stamenkovic I: Inhibition of tumor growth in vivo with a soluble CD44-immunoglobulin fusion protein *J Exp Med* 1992;176(2):623-7
17. Mohapatra S, Yang X, Wright JA, Turley EA, Greenberg AH: Soluble hyaluronan receptor RHAMM induces mitotic arrest by suppressing Cdc2 and cyclin B1 expression. *J Exp Med* 1996;183(4):1663-8
18. O'Reilly MS, Boehm T, Shing Y, Fukai N, Vasios G, Lane WS, Flynn E, Birkhead JR, Olsen BR, Folkman J: Endostatin: an endogenous inhibitor of angiogenesis and tumor growth. *Cell* 1997;88(2):277-85
19. O'Reilly MS, Holmgren L, Shing Y, Chen C, Rosenthal RA, Moses M, Lane WS, Cao Y, Sage EH, Folkman J: Angiostatin: a novel angiogenesis inhibitor that mediates the suppression of metastases by a Lewis lung carcinoma. *Cell* 1994;79(2):315-28
20. Bergers G, Javaherian K, Lo KM, Folkman J, Hanahan D: Effects of angiogenesis inhibitors on multistage carcinogenesis in mice. *Science* 1999; 284(5415):808-12

21. Brooks PC, Silletti S, von Schalscha TL, Friedlander M, Cheresch DA: Disruption of angiogenesis by PEX, a noncatalytic metalloproteinase fragment with integrin binding activity. *Cell* 1998; 92(3):391-400
22. Miller DR, et al: Phase I/II trial of the safety and efficacy of shark cartilage in the treatment of advanced cancer. *J Clin Oncol.* 1998; 16(11):3649-55
23. Simone CB, et al: Shark cartilage for cancer. *Lancet.* 1998; 9; 351(9113): 1440.
24. Newman V, et al: Dietary supplement use by women at risk for breast cancer recurrence. The Women's Healthy Eating and Living Study Group. *J Am Diet Assoc.* 1998; 98(3): 285-92.
25. Ernst E: Shark cartilage for cancer? *Lancet.* 1998; 24; 351(9098): 298.
26. Markman M: Shark cartilage: the Laetrile of the 1990s. *Cleve Clin J Med.* 1996; 63(3): 179-80.
27. Hunt TJ, et al: Shark cartilage for cancer treatment. *Am J Health Syst Pharm.* 1995; 52(16): 1756, 1760.
28. Blackadar CB: Skeptics of oral administration of shark cartilage. *J Natl Cancer Inst.* 1993; 85(23): 1961-2.
29. Mathews J: Media feeds frenzy over shark cartilage as cancer treatment. *J Natl Cancer Inst.* 1993; 4; 85(15): 1190-1.
30. Couzin J.: Beefed-up NIH center probes unconventional therapies. *Science.* 1998;282(5397):2175-6
31. Oikawa T, et al: A novel angiogenic inhibitor derived from Japanese shark cartilage (I). Extraction and estimation of inhibitory activities toward tumor and embryonic angiogenesis. *Cancer Lett.* 1990;51(3):181-6.
32. Lee A, et al: Shark cartilage contains inhibitors of tumor angiogenesis. *Science.* 1983; 221 (4616):1185-7.
33. Langer R. Brem H. Falterman K. Klein M. Folkman J. Isolations of a cartilage factor that inhibits tumor neovascularization. *Science*; 1976. 193(4247):70-2
34. Horsman MR, et al: The effect of shark cartilage extracts on the growth and metastatic spread of the SCCVII carcinoma. *Acta Oncol.* 1998; 37(5): 441-5.
35. Moses, M A, Sudhalter, J., and Langer, R.: Identification of an inhibitor of neovascularization from cartilage. *Science* 1990; 248: 1408-1410
36. Moses, M A, Sudhalter, J., and Langer, R.: Isolation and characterization of an inhibitor of neovascularization from scapular chondrocytes. *J. Cell Biol.* 1992; 119 (2):473-482
37. Sattler, M., Liang, H., Nettesheim, D., Meadows, R. P., Harlan, J. E., Eberstadt, M., Yoon, H. S., Shuker, S. B., Chang, B. S., Minn, A. J., Thompson, C. B., and Fesik, S. W. (1997). Structure of Bcl-xL-Bak peptide complex: recognition between regulators of apoptosis. *Science* 275, 983-986.
38. Reed, J. C. (1994). Bcl-2 and the regulation of programmed cell death. *J. Cell Biol.* 124, 1-6.
39. Reed, J. C., Miyashita, T., Takayama, S., Wang, H. G., Sato, T., Krajewski, S., Aime-Sempe, C., Bodrug, S., Kitada, S., and Hanada, M. (1996). BCL-2 family proteins: regulators of cell death involved in the pathogenesis of cancer and resistance to therapy. *J. Cell Biochem.* 60, 23-32.